

# Application for Authority to Employ Workers with Disabilities at Subminimum Wages



WAGE AND HOUR DIVISION

 OMB NO: 1235-0001  
 Expires: XX/XX/20XX

This is an application for the authority to employ workers with disabilities at subminimum wage rates under the Fair Labor Standards Act (FLSA), Walsh-Healey Public Contracts Act (PCA), or McNamara-O'Hara Service Contract Act (SCA).

Please submit one copy of the completed form, and any attachments, to the address shown above. Retain a completed copy for your records. A certificate may not be granted by the Department of Labor unless a properly completed application has been received and approved. See 29 C.F.R. part 525.

**Instructions for completing this form are on pages 5-8.**

## 1. APPLICATION TYPE

(a) This is a request for authority to employ workers with disabilities in a (check all boxes that apply):

- ☐ Community Rehabilitation Program (Work Center)  
☐ Hospital/Residential Care Facility (Patient Workers)  
☐ School Work Experience Program (SWEP)  
☐ Business Establishment

(b) This is (check one):

- ☐ Initial Application    ☐ Renewal Application

Has this employer ever previously applied for a 14(c) certificate?

- ☐ Yes    ☐ No

Has this employer ever previously held a 14(c) certificate?

- ☐ Yes    ☐ No

If YES, list the most recently held main establishment certificate number: \_\_\_\_\_

## 2. EMPLOYER INFORMATION

Legal Name of Employer \_\_\_\_\_

Trade Name of Employer (If Different) \_\_\_\_\_

Prior Name(s) of Employer (If Changed Since Last Application) \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (If Different From Street Address) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Employer Identification Number (EIN) \_\_\_\_\_

Application Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

## USDOL USE ONLY

Certificate Number \_\_\_\_\_ Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RO \_\_\_\_\_ DO \_\_\_\_\_

Remarks \_\_\_\_\_

Employees \_\_\_\_\_ Paying SMWs? ☐ Yes ☐ No

Number of sites to receive a certificate \_\_\_\_\_

☐ Issued    ☐ Returned    ☐ Denied    ☐ Withdrawn

☐ Revoked    Date of decision \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print certificate? ☐ Yes ☐ No    WS \_\_\_\_\_

## 3. PARENT ORGANIZATION (IF DIFFERENT FROM ITEM 2)

Legal Name of Parent Organization \_\_\_\_\_

Trade Name of Parent Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Check here if mail is to be sent to parent organization instead of the employer's address listed in Item 2.

## 4. EMPLOYER STATUS

Status (check one): ☐ Public (State or Local Government) ☐ Private, For Profit ☐ Private, Not For Profit ☐ Other \_\_\_\_\_

## 5. NUMBER OF ESTABLISHMENTS AND WORK SITES

What is the total number of establishments and work sites, including your main establishment, branch establishment work sites, supported employment sites (including enclaves), or school work experience program sites, to be covered by this certificate? \_\_\_\_\_

**Note:** A separate Supplemental Data Sheet (WH-226A) must be completed for every establishment or work site for which approval to employ workers with disabilities at subminimum wages is sought. The total number of establishments and work sites listed above should match the number of WH-226A forms submitted with this application.

## 6. NUMBER OF WORKERS WITH DISABILITIES

- (a) Provide the date that the employer's most recently completed fiscal quarter ended: \_\_\_\_/\_\_\_\_/\_\_\_\_
- (b) Provide the total number of workers with disabilities who were employed during the most recently completed fiscal quarter at all establishments and work sites: \_\_\_\_\_
- (c) Provide the number of workers with disabilities employed for the same time period in each of the following categories:  
Community Rehabilitation Program (Work Center) \_\_\_\_\_ Hospital/Residential Care Facility (Patient Workers) \_\_\_\_\_  
School Work Experience Program (SWEP) \_\_\_\_\_ Business Establishment \_\_\_\_\_

## 7. GOVERNMENT CONTRACTS

- (a) Does this employer manufacture items for the Federal Government under the PCA? ☐ Yes ☐ No
- (b) Does this employer perform any services for the Federal Government under the SCA?  
☐ Yes ☐ No ☐ No, but intend to within the next two years
- (c) If the answer to Item 7(b) is YES, what is the total number of current SCA-covered contracts under which workers with disabilities are employed and earning subminimum wages? \_\_\_\_\_
- (d) If the answer to Item 7(b) is YES, attach copies of all current SCA Wage Determinations for those contracts on which workers with disabilities are employed and earning subminimum wages.
- (e) Since January 1, 2015, has this employer entered into a contract for services or concessions with the Federal Government that may be subject to Executive Order 13658 (Establishing a Minimum Wage for Contractors)?  
☐ Yes ☐ No ☐ No, but intend to within the next two years

## 8. PREVAILING WAGE SURVEY FOR WORKERS PAID HOURLY WAGE RATES

- (a) Did this employer pay hourly subminimum wage rates to workers with disabilities during the most recently completed fiscal quarter?  
☐ Yes If YES, how many workers? \_\_\_\_\_ ☐ No (If NO, proceed to Item 10 of this form.)
- (b) What was the contract on which the employer employed the largest number of workers at hourly subminimum wage rates during the most recently completed fiscal quarter?  
Name/No. of Contract \_\_\_\_\_  
Description of Work Performed on Contract By Workers Paid Subminimum Wages \_\_\_\_\_
- (c) Complete the information below for the most recent prevailing wage survey conducted for the contract identified in Item 8(b). Attach an additional sheet headed "Prevailing Wage Determination—Hourly" if needed.

Contact Information for Source Employers (Name, Address, Phone Number)	Individual Contacted (Name, Title)	Date of Contact	Brief Description of Job/Task	Experienced Worker Wage Provided	Basis for Conclusion Wage Rate is Not Based on Entry Level
1.					
2.					
3.					

Prevailing wage determined based on this survey: \$ \_\_\_\_\_

- ☐ Check here if the contract identified in Item 8(b) is an SCA-covered contract. Attach the applicable SCA wage determination instead of completing the chart.
- ☐ Check here if it was not practical to conduct a prevailing wage survey. Provide the alternate wage data source used (e.g., U.S. Bureau of Labor Statistics (BLS) or private or State employment services data) and the prevailing wage provided by that source instead of completing the above chart:

Description of work (including job classification code, if known) \_\_\_\_\_

Alternative data source utilized \_\_\_\_\_ Prevailing wage provided by source \_\_\_\_\_ Date data retrieved \_\_\_\_/\_\_\_\_/\_\_\_\_

## 9. WORK MEASUREMENT/TIME STUDY FOR WORKERS PAID HOURLY WAGE RATES

- (a) How frequently does the employer conduct work measurements or time studies of each worker with a disability who is paid an hourly subminimum wage? \_\_\_\_\_
- (b) Attach to this application a work measurement or time study for **one** currently employed worker with a disability who is paid an hourly subminimum wage for the same contract and job reflected in Item 8(b).

## 10. PREVAILING WAGE SURVEY FOR WORKERS PAID ON A PIECE RATE BASIS

- (a) Did this employer employ workers with disabilities who received subminimum wages and were paid piece rates during the most recently completed fiscal quarter? ☐ Yes If YES, how many workers? \_\_\_\_\_ ☐ No (If NO, proceed to Item 12 of this form.)
- (b) What was the contract on which the employer employed the largest number of workers who received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?  
Name/No. of Contract \_\_\_\_\_  
Description of Work Performed on Contract By Workers Paid Subminimum Wages \_\_\_\_\_
- (c) Complete the information below for the contract identified in Item 10(b). Attach an additional sheet headed "Prevailing Wage Determination—Piece Rate" if needed.

Contact Information for Source Employers (Name, Address, Phone Number)	Individual Contacted (Name, Title)	Date of Contact	Brief Description of Job/Task	Experienced Worker Wage Provided	Basis for Conclusion Wage Rate is Not Based on Entry Level
1.					
2.					
3.					

Prevailing wage determined based on this survey: \$ \_\_\_\_\_

- ☐ Check here if the contract identified in Item 10(b) is an SCA-covered contract. Attach the applicable SCA wage determination instead of completing the chart.
- ☐ Check here if it was not practical to conduct a prevailing wage survey. Provide the alternate wage data source used (e.g., U.S. Bureau of Labor Statistics (BLS) or private or State employment services data) and the prevailing wage provided by that source instead of completing the above chart:

Description of work (including job classification code, if known) \_\_\_\_\_

Alternative data source utilized \_\_\_\_\_ Prevailing wage provided by source \_\_\_\_\_ Date data retrieved \_\_\_\_/\_\_\_\_/\_\_\_\_

## 11. WORK MEASUREMENT/TIME STUDY FOR WORKERS PAID ON A PIECE RATE BASIS

- (a) Provide the following information for the same contract and job reflected in the prevailing wage survey listed above for Item 10(b).

Description of work (e.g. packaging, shrink-wrapping, labeling)	Prevailing Wage Determined for This Job (rate per hour)	Standard Productivity (units per hour)	Piece Rate Paid to Workers (rate per unit)
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- (b) Attach all documentation of the methods used to determine the standard productivity and the piece rate.

## 12. REPRESENTATIVE PAYEE FOR SOCIAL SECURITY BENEFITS

- ☐ Check here if the employer was a representative payee for any worker with disabilities and, as such, received Social Security Benefits such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) on behalf of that employee during the most recently completed fiscal quarter.

If checked, what was the total number of workers with disabilities for whom the facility was a representative payee during the most recently completed fiscal quarter? \_\_\_\_\_

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**13. CREDITING THE REASONABLE COST OF FACILITIES PROVIDED TOWARD MEETING THE MINIMUM WAGE OR SUBMINIMUM WAGE**

Section 3(m) of the FLSA permits employers, under certain circumstances, to count toward its minimum wage obligations the reasonable cost of furnishing facilities which are customarily furnished to employees.

- ☐ Check here if the employer took credit for the cost of providing facilities, such as board, lodging, and transportation, toward meeting the minimum wage or subminimum wage obligations to workers with disabilities during the most recently completed fiscal quarter.

Type of deduction (*i.e. transportation, rent, meals*) \_\_\_\_\_

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**14. TEMPORARY AUTHORITY:**

To be completed only by a vocational rehabilitation program administered by a state agency or the U.S. Veterans Administration.

- ☐ Check here if this is a request for temporary authority to employ workers with disabilities at subminimum wages pursuant to a vocational rehabilitation program of the Veterans Administration for veterans with a service-incurred disability or a vocational rehabilitation program administered by a State agency. A copy of the signed application will constitute the temporary authority provided the application is mailed to the Department of Labor at the address listed at the top of page 1 of this form within ten days of the signing. Temporary authority will exist for 90 days from the date the application is signed and cannot be extended or renewed by the issuing agency.
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**15. REPRESENTATIONS AND WRITTEN ASSURANCES**

I certify that I have read this form and to the best of my knowledge and belief, all answers and information given in the application and attachments are true; that the representations set forth in support of this application to obtain or continue the authorization to pay workers with disabilities at subminimum wage rates are true; and I acknowledge that the authorization, if issued or continued, is subject to revocation in accordance with the provisions of 29 C.F.R. part 525.

I represent that as set forth in the regulations governing the employment of workers with disabilities, the following conditions exist and will continue to exist:

1. Workers employed under the authority in 29 C.F.R. part 525 have disabilities for the work to be performed;
2. Wage rates paid to workers with disabilities under the authority in 29 C.F.R. part 525 are commensurate with those paid experienced workers, who do not have disabilities, in industry in the vicinity for essentially the same type, quality, and quantity of work;
3. The operations are and will continue to be in compliance with the FLSA, PCA, SCA, and Contract Work Hours and Safety Standards Act (CWHSSA), an overtime statute for Federal contract work, as applicable;
4. No deductions will be made from the commensurate wages earned by a patient worker to cover the cost of room, board or other services provided by the facility;
5. Records required under 29 C.F.R. part 525 with respect to documentation of disability, productivity, work measurements or time studies, and prevailing wage surveys will be maintained.

Further, I certify that:

1. The wage rates of all hourly-rated employees paid in accordance with FLSA section 14(c) will be reviewed at least every six months; and
2. Wages paid to all employees under FLSA section 14(c) will be adjusted at periodic intervals, at least once a year, to reflect changes in the prevailing wage paid to experienced workers, who do not have disabilities, employed in the vicinity for essentially the same type of work.

**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

Name (*print or type*)

Title

Signature

Date

**SEND THE COMPLETED APPLICATION TO THE ADDRESS AT THE TOP OF THE FORM.**

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**PUBLIC BURDEN STATEMENT**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The Department of Labor estimates that the public reporting burden for this collection of information will average 50 minutes per response for the initial applicant and 75 minutes per response for the renewal applicant, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is mandatory in order to obtain the authority to pay less than the applicable minimum wage. 29 C.F.R. §§ 525.7-9, 12-13. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, DC 20210 and reference the OMB Control Number.

## INSTRUCTIONS FOR APPLICATION FOR AUTHORITY TO EMPLOY WORKERS WITH DISABILITIES AT SUBMINIMUM WAGES (WH-226)

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### What is the purpose of this form?

This application is to be used to apply for a certificate authorizing the payment of subminimum wages to certain workers with disabilities under section 14(c) of the Fair Labor Standards Act (FLSA) and related provisions of the McNamara-O'Hara Service Contract Act (SCA) and the Walsh-Healey Public Contracts Act (PCA). Payment of subminimum wages to workers with disabilities is only permitted under a valid certificate issued by the United States Department of Labor, Wage and Hour Division. State agencies and the Veterans Administration may also request immediate temporary certificate authority by completing this application.

### Responsibility to comply with other laws

An employer with a section 14(c) certificate must comply with all statutory and regulatory provisions of the FLSA. Employers also must comply with all applicable Federal laws, including Executive Order 13658 (Establishing a Minimum Wage for Contractors), the Americans with Disabilities Act (ADA) as amended, the Supreme Court's *Olmstead v. L.C.* decision, and the Rehabilitation Act as amended, as well as applicable state or local requirements. Beginning July 22, 2016, employers also have an affirmative duty to comply with the additional conditions for payment of subminimum wages pursuant to the Rehabilitation Act as amended by the Workforce Innovation and Opportunity Act (WIOA).

### Where to file?

Complete one copy of this form and keep a copy for your records. Documents provided will not be returned. Send the completed form with the required attachments to the following address.

**U.S. Department of Labor  
Wage and Hour Division  
230 South Dearborn Street, Room 514  
Chicago, Illinois, 60604  
(312) 596-7195**

Failure to provide any required information may delay the processing of the application or result in the application being returned or denied. Additional guidance is provided in the regulations at 29 C.F.R. part 525.

### Initial Applicants

Initial applicants are required to complete Items 1 - 4, 7, and 12 - 15 of form WH-226, and Items 1 - 3 on the Supplemental Data Sheet, WH-226A. Initial applicants must also provide any information available at the time of application that is responsive to all other items on both forms.

### Renewal Applicants

Renewal applicants are required to complete all items on this form and the Supplemental Data Sheet, WH-226A.

## ITEM INSTRUCTIONS

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### Item 1

(a) Refer to the following definitions:

**Community Rehabilitation Program (Work Center):** A facility that primarily provides vocational rehabilitation services and employment for people with disabilities.

**Hospital/Residential Care Facility (Patient Worker):** A facility (public or private, non-profit or for-profit) that primarily provides residential care for individuals with disabilities, including but not limited to nursing homes, intermediate care facilities, assisted living facilities, halfway houses, and residential substance abuse treatment facilities. "Primarily" means that more than 50 percent of the facility's income is attributable to this residential care.

**Patient Worker:** A worker with a disability who is employed by a hospital or residential care facility (as defined above) where the patient worker receives inpatient or outpatient treatment or care.

**School Work Experience Program (SWEP):** A school-operated program in which students with disabilities may be placed in jobs with private industry within the community. School employers are responsible for compliance with all applicable child labor laws, minimum wage standards, and certificate and recordkeeping requirements. The school may submit a group application which covers all students with disabilities and all of the business locations at which the students will be placed.

**Business Establishment:** Any employer other than a community rehabilitation program, hospital/residential care facility, or SWEP.

(b) Initial applicants are those who do not currently hold a valid section 14(c) certificate.

Renewal applicants are employers who currently hold a valid certificate.

### Item 2

Provide the full legal and trade name(s) of the employer, and previous name, if applicable. SWEPs should enter the identifying information for the school that is applying for the certificate.

The Application Contact Person should be a person who can best answer questions concerning information contained on this application.



### Item 3

SWEPs should enter the school district's information in Item 3.

### Item 4

Check the box that describes the employer's status. For example, a SWEP operated by a public school system should check "Public."

### Item 5

Provide the total number of work sites for which the employer is seeking approval to employ workers at subminimum wages. Count all work sites, including the main establishment and any branch establishments, enclave or supported employment sites, and/or SWEP work sites. All applicants must attach a separate WH-226A for each establishment or work site. Refer to the WH-226A instructions for guidance.

**Main Establishment:** The primary location of the employer that files this application on behalf of all its associated work sites. (There can only be one main establishment.)

**Branch Establishments:** A branch establishment is a physically separate work site that is part of the same organization as the main establishment.

**Supported Employment Site/Enclave:** A **supported employment site** is a work site typically on the premises of a separate establishment, where workers with disabilities are placed in work settings along with job coaches (staff of the rehabilitation or work center). An **enclave** is a supported employment work site where a group of workers with disabilities works under supervision of staff from the rehabilitation or work center.

### Item 6

- (a) Provide the ending date of the employer's most recently completed three-month *fiscal quarter*. For example, if the fiscal year begins on January 1, provide the date of the most recently completed quarter (March 31, June 30, September 30, or December 31).
- (b) Provide the total number of workers with disabilities who were paid subminimum wages at all establishments and work sites during the most recently completed fiscal quarter. Include workers who were employed for less than the full fiscal quarter, *i.e.* three-month period.
- (c) Provide the number of workers with disabilities for the same period employed in the specified categories. Refer to the definitions provided in the instructions for Item 1(a).

### Item 7

Check the appropriate box if the employer has, or intends to receive, any contracts with the Federal Government subject to the Walsh-Healey Public Contracts Act (PCA), the McNamara-O'Hara Service Contract Act (SCA), and/or Executive Order 13658, Establishing a Minimum Wage for Contractors. If the employer had one or more SCA-covered contracts during the last completed fiscal quarter, provide the total number of SCA contracts and attach the SCA wage determinations for each contract.

Section 14(c) workers performing on or in connection with a contract covered by Executive Order 13658 are generally entitled to be paid at least the Executive Order minimum wage. Additional information about contracts with the Federal Government can be found at [www.dol.gov/whd/govcontracts/](http://www.dol.gov/whd/govcontracts/).

### Item 8

This Item is only seeking information related to workers paid an *hourly* subminimum wage rate.

- (a) Count the total number of workers paid an *hourly* subminimum wage rate at any time during the most recently completed fiscal quarter that ended on the date listed in Item 6(a).
- (b) Identify the contract on which the most workers were employed at an *hourly* subminimum wage during the most recently completed fiscal quarter. Provide a brief description of the work performed by workers paid subminimum wages (e.g., Contract No. 123-456 with Sheets Inc. – Laundry Service).
- (c) Complete the chart with information from the most recently completed prevailing wage survey for that contract. If the employer used more than three sources, attach an additional sheet labeled "Item 8 Prevailing Wage Determination" and provide the information obtained from all sources. (For information on Prevailing Wages, see **Fact Sheet #39B: Prevailing Wages and Commensurate Wages under Section 14(c) of the FLSA.**)

The source employers surveyed should be located in the geographic area from which the labor force of the applicant is drawn. The sources for the jobs surveyed should use similar methods and equipment as the job for which this rate will apply. The wage rate collected from each source should be the hourly rate paid to *experienced* (not entry level) workers who do not have disabilities that affect productive capacity. An experienced worker is a worker who has learned the basic requirements of the work to be performed, ordinarily by completion of a probationary or training period. Typically, an experienced worker will have received at least one pay raise after successful completion of the probationary or training period.

The prevailing wage rate determined from the surveys may be calculated by using a weighted or straight average, but the same method should be used to calculate all of the employer's prevailing wage rates.

Contact Information for Source Employers (Name, Address, Phone Number)	Individual Contacted (Name, Title)	Date of Contact	Brief Description of Job/Task	Experienced Worker Wage Provided	Basis for Conclusion Wage Rate is Not Based on Entry Level
1. XYZ, Inc., 100 Oak St., My Town, USA, (000) 222-3333	Mary Jones, HR Manager	July 20, 2015	Hand assembly of cardboard shipping boxes	\$11.55	Entry rate = \$10
2. ABC, Inc., 245 Lincoln Ave, My Town, USA, (000) 333-4444	Bob Rogers, Payroll Specialist	July 24, 2015	Assembly of cake boxes	\$10.70	Entry rate = \$9.50; raise given after probationary period
3. RST, Ltd., 990 Monroe Dr, My Town, USA, (000) 444-5555	Sue Martinez, President	July 24, 2015	Assembly of pizza boxes	\$10.95	Contact confirmed rate was for experienced workers.

Prevailing wage determined based on this survey: **\$ 11.07**

If conducting surveys is not practical and the employer instead uses U.S. Bureau of Labor Statistics (BLS) or alternative wage rates, identify the alternative source used (e.g., BLS Occupational Employment Survey; BLS Current Population Survey), the prevailing wage, the job classification (if applicable) provided by the source, and the date that the data was obtained. BLS wage data can be found at [www.bls.gov/bls/blswage.htm](http://www.bls.gov/bls/blswage.htm).

#### Item 9

This Item is only seeking information related to workers paid an *hourly* subminimum wage rate.

- (a) Indicate how frequently the employer conducts work measurements or time studies of each worker with a disability who is paid an hourly subminimum wage.
- (b) Select one time study for a worker who was paid an hourly subminimum wage under the same contract and job reflected in Item 8(b). The time study provided must be the most recent time study conducted for that worker. The hourly rate time study provided should include the productivity rating and evaluation forms used to determine the employee's commensurate wage rate. The documentation should include all materials related to the work measurement, such as:
  - detailed task analysis (including quality and quantity measures),
  - wage and productivity of an experienced worker who is not disabled for the work performing the same job (i.e., "standard setter"), and
  - determination of the worker's individual productivity.

#### Item 10

This Item is only seeking information related to workers paid on a *piece rate* basis who received a subminimum wage.

- (a) Count the total number of workers paid on a *piece rate* basis that resulted in a subminimum wage at any time during the most recently completed fiscal quarter that ended on the date listed in Item 6(a).
- (b) Identify the contract on which you employed the most workers who were paid on a *piece rate* basis that resulted in a subminimum wage during the most recently completed fiscal quarter. Provide a brief description of the work performed by workers paid subminimum wages (for example, *Contract No. 000-111 with Widgets Inc.—Hand Assembly of Boxes (28" x 12")*).
- (c) Following the instructions provided under Item 8(c), complete the chart with information from the most recently completed prevailing wage survey for this contract.

#### Item 11

This Item is only seeking information related to workers paid on a *piece rate* basis who received a subminimum wage.

- (a) Provide a current piece rate work measurement or time study for the contract and job reflected in the prevailing wage survey provided in Item 10(b). Provide the description of the job tasks, the hourly prevailing wage for the job, the standard productivity (units per hour), and the piece rate paid to workers (rate per unit).
- (b) Attach all documentation of the methods used to determine the standard productivity and the piece rate, such as:
  - detailed task analysis (including quality and quantity measures), and
  - productivity of an experienced worker who is not disabled for the work performing the same job (i.e., "standard setter").

#### Item 12

If the employer was a representative payee for any worker with disabilities who received Social Security benefits during the most recently completed fiscal quarter, provide the total number of employees for whom the employer was the representative payee.

**Item 13**

Check this box if the employer provided facilities such as lodging, board, and transportation to any employee, and took credit for those costs toward meeting the minimum wage or subminimum wage obligations to employees with disabilities during the most recently completed fiscal quarter. See 29 C.F.R. § 531 and 29 C.F.R. § 516. Provide a brief description of the type of deduction taken by the employer (e.g., transportation, rent, meals).

**Item 14**

Check this box only if the application is being filed by a vocational rehabilitation program administered by a State agency or the U.S. Veterans Administration. See 29 C.F.R. § 525.8.

**Item 15**

An authorized representative of the employer must sign certifying to the information included in this item. SWEP applications must be signed by the school counselor or coordinating official.